

**Work Order ID 115271**

March-24-14 7:16:59 AM

**\*115271\***

Page 1

Item ID: D3595-063-450

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Rubber Cushion

Stop

**\*NS2\***

Start Date: 3/24/14 Start Qty: 25.00

**\*25\***

Cust Item ID:

Required Date: 3/31/14 Req'd Qty: 25.00

**\*25\***

Customer:

Reference:

Approvals: Process Plan: MLSDate: 14-03-24

Tooling:

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3595	Rev A								

100

**\*100\***

Waterjet

FLOW WATER JET

Memo

0.00

25 0 Jan 14-03-25

FLOW CNC Waterjet

1-Cut as per Dwg D3595 Dwg Rev: A Prog Rev: A 2-  
Deburr if necessary

110

**\*110\***

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

25 0 Jan 14-03-25

120

**\*120\***

QC

Quality Control

QC8- Inspect parts - second check

0.00

0.00

DAS  
27  
9.89  
4325

25 \_\_\_\_\_

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering
NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality
	Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other
	Suspected Unapproved	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear	General				
Bending	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Pressure/Forced
Centre Not Concentric	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Set-up
Cracks	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Temperature/Cure
Crimp/Kink/Ripple/Wave	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Weld
Cuffs	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Wrong Stock Pulled
Crushing	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	
Heat Treat	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Other
Inspection Strip in Tube	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>	
Marks/Chatter	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>	
Turning Sequence	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>	
Wave/Twist in Tube	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>	

Work Order ID 115271

March-24-14 7:16:59 AM

\*115271\*

Page 2

Item ID: D3595-063-450

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Rubber Cushion

Stop

\*NS2\*

Start Date: 3/24/14 Start Qty: 25.00

\*25\*

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Required Date: 3/31/14 Req'd Qty: 25.00

\*25\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

130

Identify as per dwg & Stock Location

(65)

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

\*130\*

Packaging

Packaging

Memo

0.00

25x

MAR 26 2014

DAS

06

9-89

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Quality Control

Memo

0.00

MUJ 140328

MUJ 140328

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Date: \_\_\_\_\_

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Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear	Bending	General	Folio/Program	Outside Dimensions	Pressure/Forced				
	Centre Not Concentric	Bend	Grain	Over/Under tolerance	Set-up				
	Cracks	BOM/Route	Hardware	Part Incorrect	Temperature/Cure				
	Crimp/Kink/Ripple/Wave	Broken/Damage/Defect	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld				
	Cuffs	Burr	Instructions Incomplete/Unclear	Part Moved	Wrong Stock Pulled				
	Crushing	Contamination	Misaligned/off center	Positioned Wrong	Other				
	Heat Treat	Countersink	Mislabeled	Power Loss/Surge					
	Inspection Strip in Tube	Cut Too Short	Misread						
	Marks/Chatter	Drawing	Off-set						
	Turning Sequence	Drill Holes	Out of Calibration						
	Wave/Twist in Tube	Finish	Out of Sequence						
		Fit/Function							

**Picklist Print**

March-24-14 7:17:04 AM

Page 1

Work Order ID: 115271

**\*115271\***  
**\*D3595-063-450\***

Parent Item: D3595-063-450

Parent Item Name: Rubber Cushion

Start Date: 3/24/14

Required Date: 3/31/14

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP Rev:A New Issue 07-08-07 JLM Verified By:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MNEO80S.125		Purchased	No			100	sf	739.6344	0.0196	1	**		

**\*MNF080S 125\***

NEOPRENE SHEET 0.125

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT052	739.6344	
115916	131.1044	
94539	608.53	94539

Jm 14-03-25

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Work Order update only 

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Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear		General									
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced		
<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up		
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure		
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld		
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled		
<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	115271
<b>Description:</b> Rubber Cushion	<b>Part Number:</b>	D3595-063-450
<b>Inspection Dwg:</b> D3595 <b>Rev:</b> A		<b>Page 1 of 1</b>

# FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

Measured by:	Jm	Audited by:	DAS 27 9-59	Prototype Approval:	N/A
Date:	14-03-25	Date:	14/3/26	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.01.23	New Issue	KJ/EC/DD	

DQA:

Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>															
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>														
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>														
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>														
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>															
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector									
Design																			
Doc/Data																			
Equip/Tooling																			
Handling/Pre																			
Material																			
Operator																			
Offset/Setup																			
Process																			
Supplier																			
Training																			
Transport																			
Unapproved																			
<b>FAULT CATEGORY</b>																			
Landing Gear				General															
<input type="checkbox"/>	Bending			<input type="checkbox"/>	Bend			<input type="checkbox"/>	Folio/Program			<input type="checkbox"/>	Outside Dimensions			<input type="checkbox"/>	Pressure/Forced		
<input type="checkbox"/>	Centre Not Concentric			<input type="checkbox"/>	BOM/Route			<input type="checkbox"/>	Grain			<input type="checkbox"/>	Over/Under tolerance			<input type="checkbox"/>	Set-up		
<input type="checkbox"/>	Cracks			<input type="checkbox"/>	Broken/Damage/Defect			<input type="checkbox"/>	Hardware			<input type="checkbox"/>	Part Incorrect			<input type="checkbox"/>	Temperature/Cure		
<input type="checkbox"/>	Crimp/Kink/Ripple/Wave			<input type="checkbox"/>	Burrs			<input type="checkbox"/>	Inspection Incomplete/Unqualified			<input type="checkbox"/>	Part Lost/Missing			<input type="checkbox"/>	Weld		
<input type="checkbox"/>	Cuffs			<input type="checkbox"/>	Contamination			<input type="checkbox"/>	Instructions Incomplete/Unclear			<input type="checkbox"/>	Part Moved			<input type="checkbox"/>	Wrong Stock Pulled		
<input type="checkbox"/>	Crushing			<input type="checkbox"/>	Countersink			<input type="checkbox"/>	Misaligned/off center			<input type="checkbox"/>	Positioned Wrong			<input type="checkbox"/>			
<input type="checkbox"/>	Heat Treat			<input type="checkbox"/>	Cut Too Short			<input type="checkbox"/>	Mislabeled			<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>	Inspection Strip in Tube			<input type="checkbox"/>	Drawing			<input type="checkbox"/>	Misread			<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>	Marks/Chatter			<input type="checkbox"/>	Drill Holes			<input type="checkbox"/>	Off-set			<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>	Turning Sequence			<input type="checkbox"/>	Finish			<input type="checkbox"/>	Out of Calibration			<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>	Wave/Twist in Tube			<input type="checkbox"/>	Fit/Function			<input type="checkbox"/>	Out of Sequence			<input type="checkbox"/>				<input type="checkbox"/>			

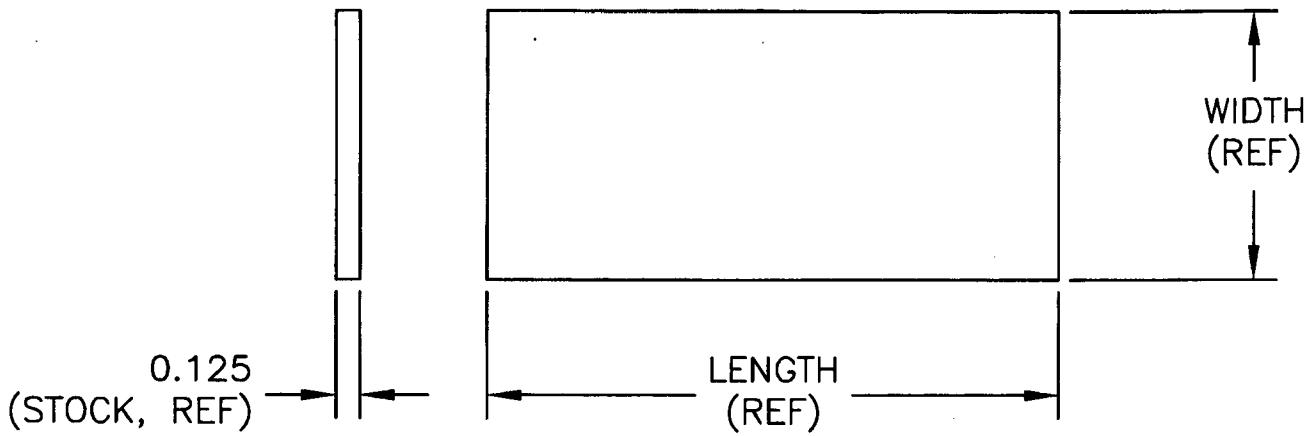
**DART**

DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>PH</i>	APPROVED <i>PH</i>	DRAWING NO. D3595	REV. A SHEET 1 OF 1
DATE 07.02.07		TITLE RUBBER CUSHION	SCALE NTS
A	07.02.07	NEW ISSUE	

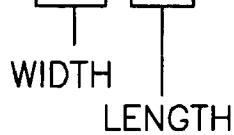
RELEASED

07.02.14 *PH*

## SPECIFICATION CONTROL DRAWING



SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

*115271 MCL  
1403-24*

EG: 0.75" x 4.30" RUBBER CUSHION = D3595-075-430

**NOTES**

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,  
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

DQA:

Date:



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NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design											
Doc/Data											
Equip/Tooling											
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Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
<b>FAULT CATEGORY</b>											
Landing Gear	<b>General</b>										
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions					<input type="checkbox"/> Pressure/Forced		
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance					<input type="checkbox"/> Set-up		
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect					<input type="checkbox"/> Temperature/Cure		
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	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge					<input type="checkbox"/> Other		
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread								
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set								
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence								